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As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A SYSTEM AND METHOD FOR ASSEMBLING COMPONENTS OR PRODUCTS OF A PHOTOFINISHING ORDER								
The specification of which (check	only one item be	elow):						
X is attached hereto.								
was filed as United States Application Serial No. on and								
was amended on (if applicable).								
was filed as PCT international application Number on and was amended on (if applicable).								
I hereby state that I have reviewed	d and understand	the contents of the al	pove-identified specification,	including the clain	ns, as amended by	y any amendment		
referred to above.	o to the IIS Dat	ont le Tradomork Off	See all information known to	me to be meterial	tmatamtahilitu aa	defined in Title		
I acknowledge the duty to disclos 37, Code of Federal Regulations,		ent & Hademark On	nce an information known to	me to be material	imaterial inty as	defined in Title		
I hereby claim foreign priority be	•	e 35, United States C	Code, §119 (a)-*d) or 365 (b)	of any foreign app	olication(s) for pa	atent or inventor's		
certificate, or (365 (a) of any PCT	international app	plication(s) which de	signates at least one country	other than the Unit	ted States of Ame	erica, listed below		
and have also identified below as						_		
Tone country other than the United	States of Americ	a filed by me on the	same subject matter having a	filing date before	that of the applic	cation(s) of which		
priority is claimed: PRIOR FOREIGN/PCT APPLI	CATION(S) AN	D ANY PRIORITY	CLAIMS UNDER 35 U.S.C	. 119:				
FF COUNTRY		PLICATION NUMBER	DATE OF FILING		DELOCITY OF AMEDIAN	DED 26 1100 8440		
(I PCI, indicate PCI)		TEICATION NUMBER	(minth/dayyear)		PRIORITY CLAIMED UN YES	NO		
					YES	NO		
E			•					
					YES	NO		
Litereby claim the benefit under T	Citle 35, United S	tates Code, 119 §(e)	of any United States provisio	nal application(s) l	isted below:			
PRIOR PROVISIONAL APPLI		D ANY PRIORITY	CLAIMS UNDER 35 U.S.C					
PROVISIONAL API	PLICATION NUMBER			FILING DATE (month/day/yr	ear)			
I hereby claim the benefit under T the United States of America that prior applications(s) in the manne Office all information known to between the filing date of the prior	is/are listed belower provided by the me to be material rapplication(s) a	w and, insofar as the e first paragraph of a al topatentability as nd the national or PC	subject matter of each of the little 35, §112, I acknowledge defined in Title 37, Code of the little structure of the little structure.	claims of this apple the duty to disclose the duty to disclose the detail Regulation this application:	ication is not dis ose to the U.S. Pa ons §1.56, which	closed in that/thos atent & Trademar became available		
PRIOR US APPLICATIONS O 35USC§120:	RPCI INTERN	ATIONAL APPLIC	ATIONS DESIGNATING T	HE U.S FUR BE	NEFII UNDER			
	U.S. APPL	U.S. APPLICATIONS			STATUS (Check one)			
U.S. APPLICATION NUMBER		U.S	U.S. FILING DATE		PENDING	ABANDONED		
PC	T APPLICATIONS D	ESIGNATING THE U.S.						
PCT APPLICATION NO. PCT FILING DATE		G DATE U.S. SERIAL NUMBERS ASSIGNED (if any)						
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Corre	spondence to:			T	Direct Telephone Calls to:			
Send Correspondence to: Patent Legal Staff					(name and telephone number)			
Eastman Kodak Company 343 State Street Rochester, NY 14650-2201					David A. Novais (716) 588-2727 FAX: (716) 477-1148			
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0 RESIDENCE 8	Cary		North Carolina USA		USA			
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2 FULL NAME OF 2 INVENTOR	FAMILY NAME Bekhuis	_	FIRST GIVEN NAME Ian		SECOND GIVEN NAME W.			
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BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	quaria Dark NCW		STATE & ZIP CODE (COUNTRY)			
	Tompkins Associates FAMILY NAME		Macquarie Park NSW FIRST GIVEN NAME		AUSTRALIA SECOND GIVEN NAME			
FULL NAME OF INVENTOR								
RESIDENCE & CITIZENSHIP BUSINESS	CITY	STATE	OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP			
BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	CITY		STATE & ZIP CODE (COUNTRY)			
2 FULL NAME OF	FAMILY NAME	FIRST	FIRST GIVEN NAME		SECOND GIVEN NAME			
RESIDENCE &	CITY	STATE	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP			
BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	CITY		STATE & ZIP CODE (COUNTRY)			
FULL NAME OF	FAMILY NAME	FIRST	FIRST GIVEN NAME		SECOND GIVEN NAME			
RESIDENCE 6 CITIZENSHIP		STATE	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP			
BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	CITY		STATE & ZIP CODE (COUNTRY)			
2 FULL NAME OF	FAMILY NAME	FIRST	FIRST GIVEN NAME		SECOND GIVEN NAME			
0 RESIDENCE 8	CITY	. STAT	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP			
6 BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	CITY		STATE & ZIP CODE (COUNTRY)			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine of imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
SIGNATURE OF INVENTOR 201 SIGNATUR		SIGNATURE OF INV	RE OF INVENTOR 202 SIGN		IATURE OF INVENTOR 203			
Day 104/2: 10 TH		1	14MML					
DATE DATE		DATE	TE DAT		E			
09/18/01		10 /	10/07/01					
SIGNATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205 SIG		SIGNA	NATURE OF INVENTOR 206			
DATE	DATE		DAT					